

SMOKE AND MIRRORS

THE ILLUSION OF HIV & AIDS STATISTICS

Statistics on the spread of so-called HIV and AIDS worldwide should be analysed with their limitations as well as their sources in mind.

by Professor Jens Jerndal, MD
(MA), DSc hc, MSc, BA, FWAIM
© 2002

Apartado 591 Arrecife
Lanzarote, ES35500, Spain
Email: paradocs@intercom.es
Website:
<http://www.life-expansion.com>

Statistics is supposedly the rock-solid foundation of modern science, a science exclusively concerned with quantities, measurements and numbers, and used as indisputable proof. Unfortunately, it is easy to produce erroneous or biased results unintentionally by just overlooking certain complicated and specific rules for sampling or weighting the data. But the most fascinating thing about statistics is that a clever statistician can work magic with the numbers and quite intentionally create the illusion of proving or disproving almost anything.

AIDS statistics is a showcase of illusionists at work. It is clearly manufactured to order, using several illusionist tricks to inflate the numbers to where they will inspire sufficient terror or panic in the population at large to enable those in power to introduce exceptional measures of control over the population by means of force, such as mandatory "medical" interventions and constraints in the freedom of movement and behaviour. It's somewhat like a curfew to control a situation of political upheaval or war.

For the moment, let's ignore the possible reasons for such a power play and just look into the way AIDS statistics are *de facto* manipulated intentionally in order to convey a grossly distorted impression of the underlying reality, with unfounded alarmist projections for the future.

What are the illusionist tricks I am talking about? First of all, a cumulative technique of reporting is used, which is not used for other illnesses and which has no rationale or utility other than to give the impression that the numbers are much greater than they really are, and are growing. So, instead of reports of how many new AIDS cases have been registered in a particular year, you are likely to be fed the total accumulated number since the beginning of reporting. This gives more impact and, with luck, perhaps it makes you think of it as an annual figure.

A second technique liberally used in AIDS reporting is now and then to change the basis for the numbers included, especially when the figures do not conform to expectations. This has been done in various ways, the most important probably being the widening of the definitions of what is diagnosed as AIDS. For instance, new so-called AIDS-defining illnesses have been added, so that now at least 29 different illnesses—all existing on their own before AIDS entered onto the stage—are considered as AIDS when they are accompanied by a positive so-called HIV test (actually, only a non-specific antibody test that may react to more than 60 different conditions that have nothing to do with either AIDS or HIV).

It is easy to understand that the more illnesses are included, the greater the number of people affected by any of them. That is one of the ways by which AIDS can be shown to increase in numbers, when the dry, clean facts are showing the opposite. The fact is that the number of new AIDS cases in the USA peaked in 1992 and has steadily decreased since then. Not the impression you get from media, US authorities or UN agencies, is it?

It is also important to be aware of the fact that, in Africa, no HIV test is required for an AIDS diagnosis. Any illness that lasts more than a month and has certain symptoms will automatically be diagnosed as AIDS. All those illnesses have existed always; they were common long before there was any such thing as AIDS. That is one of many reasons for the inflated number of AIDS cases in Africa.

But even with this liberal definition, the real numbers fall far short of the numbers you see in the newspapers. The reason for this is that the figures you keep seeing are not based on facts but on generously creative "estimates", liberally spiced up with imaginative but unfounded "projections" for the future. Obviously, it is preferable to use "estimates"

whenever possible, since these can be inflated at will, rather than the less glamorous numbers of existing records. Besides, when one wants to publish the number of "HIV infected", an estimate is the only option since there is no way of knowing that figure. Only a very small percentage is ever submitted to the antibody test, falsely claimed to be an "HIV test", so it's a free-for-all to estimate the numbers. If only the number of correctly diagnosed "full-blown AIDS" cases were reported, the figures would certainly not cause much of a stir, let alone panic.

In a recent report from the USA, it was claimed that at least a third of all HIV-positive people do not even know that they are "infected"! If they do not know it themselves and have never taken a test, then how could the reporter, or whatever source he used, know that these people are HIV positive? AIDS statistics is full of these kinds of absurd and nonsensical assertions, but nobody seems to notice, let alone react.

AIDS Statistics in Africa

One of the few factual sources of African AIDS statistics is antibody (so-called HIV) tests in pregnant women at a few public maternity centres. The test results reportedly show that a very high percentage is "HIV positive". Why? Because there are more than 60 different medical conditions that may give a false-positive test result, and among these is pregnancy itself! Others are vaccinations and recent infections such as hepatitis, malaria, tuberculosis and influenza.

Considering that the test is performed on pregnant women, when pregnancy is one of the acknowledged causes for a false-positive outcome, and considering that the mostly poor and often malnourished women who come to these centres are likely to have been exposed to several of the other conditions as well, it is predictable that a high percentage of them should test positive. However, this does not mean that they are actually HIV positive, and it certainly does not mean that they will ever develop AIDS.

Yet these evidently inaccurate and essentially meaningless test results are computed and applied to the entire African population, men as well as women, old and young, rich and poor—as if they would apply equally to all, and as if they were proof of the incidence of AIDS. Neither of these is the case, and anyone with rudimentary knowledge of the tests and of statistics must be aware of it. Yet this is how statistics on AIDS in Africa are manufactured and publicised.

Incidentally, apart from the more than 60 common causes for a false-positive test result, it has been proven that test results for one and the same person may vary from one occasion to another, even at the same laboratory, and even more so from one laboratory to another and from one country to another. The reason is that there is no "gold standard" for the test, meaning that it is arbitrary as to exactly where on the scale a positive result is registered. And this kind of test is used to tell people that they will die of AIDS, and that they have to take obscenely expensive drugs that will make them desperately ill and even kill them but can never cure them.

This is the background for South African President Mbeki's reluctance to offer these not only ineffective but fatally harmful drugs at the government's expense to pregnant women and new-

born children, and indeed to anyone. And very good reason he has for it, too.

One study reportedly showed that a group of young men who tested HIV positive had a higher death rate than a group that did not test positive for HIV—and anybody reading it would automatically assume that all those HIV-positive men died of AIDS. However, the study did not show what actually caused the deaths in the HIV-positive group. When this was investigated, it turned out that there may have been a correlation in this case between an HIV-positive test and a slightly higher death rate, but the same correlation did not show up for AIDS disease. Most of those deaths were not caused by AIDS. This is a typical case of statistical smoke and mirrors!

Furthermore, in Africa, the reporting of AIDS cases is based on widely differing criteria in different areas or by different agencies. The fact that for AIDS cases there seems to be financial support, while for old illnesses there is not, also prompts those involved to report any illness as AIDS when it is simply a case of tuberculosis, malaria or another classic, endemic African illness.

Interestingly, tuberculosis and malaria, both very common in

Africa, have been included along with many other diseases in the so-called AIDS-defining illnesses, but any one of them can give a false-positive result in the so-called HIV test. Smart, isn't it? See the smoke and mirrors?

According to official estimates by UNAIDS at the end of 2000, some 36.1 million people worldwide were "infected" and "living with HIV/AIDS". Of those, 25.3 million were said to live in sub-Saharan Africa. My question on this figure is: how does anyone know?

In the Third World, AIDS can be diagnosed without the so-called HIV test, but "HIV infection" cannot be—and it is a

fact that very few people are being tested, and those who have actually tested positive only make up an infinitesimal portion of the 36.1 million that UNAIDS claims are "living with HIV". So how does UNAIDS make up the rest?

Typically, no distinction is made between just being HIV positive while healthy, and actually being ill with "full-blown" AIDS—as if it were the same thing! This is another of the many smokescreens. The same source estimated(!) the number of new infections in 2000 to be 5.3 million globally. The estimated(!) number of total deaths from AIDS (observe the cumulative reporting) is said to be 21.8 million.

Since we know that extremely few HIV tests are being performed in Africa due to the high cost, we cannot help but ask what the basis is for these estimates. And even more so, since we know that the number of officially registered deaths from AIDS adds up to only a small fraction of the estimates propagated by UNAIDS since the beginning of the "epidemic" nearly 20 years ago. And this is in spite of all the described reasons for inflating AIDS statistics in Africa.

One argument offered by the statistical inflationists to explain this discrepancy is that most AIDS deaths are reported as something else, either because people do not want to admit that their relatives died of such a shameful disease or even that they did not know it was AIDS! But those who do the estimates apparently know—without any HIV testing. One wonders how. Purely on hunch?

Something does not add up here.

...there are more than
60 different medical
conditions that may give a
false-positive test result,
and among these is
pregnancy itself!

Anatomy of a "Pandemic"

So what else can we do to conjure up the impression that AIDS is a fast-spreading pandemic threatening to wipe out the entire world's population unless we anticipate and frustrate it by forcing people to choke on high-priced, lethal chemotherapy deceptively called "antivirals"?

One thing is to pick out the age group that has the lowest death rate of all—say, young people between the ages of 20 and 30—and find that AIDS (or more likely the "antivirals" prescribed for it!) is "the leading cause of death" for this group. Be sure not to disclose the actual percentage, as it is so small it would remove the effect. But since few people in this age group die from natural causes, AIDS can be construed to be "the leading cause" of death in this group—or at least "a leading cause", along with suicide and accident.

Publishing this with enough fanfare, the public will easily draw the false conclusion that AIDS is a leading cause of death, period...or that at least a very high percentage of the age group in question is dying of AIDS...when the true death rate from AIDS, even in this age group, may be as low as a fraction of one per cent. Now you see it, now you don't! This is one way the illusionists perform their statistical magic without actually lying.

Finally, we can play the effective "orphan" card, again estimating(!) all the millions of children orphaned by AIDS. This is without mentioning that the definition of "orphan" is any child who has lost one(!) or both parents in any way at all. Also, there is no reliable documentation to say how many of those missing parents actually died of AIDS or even died at all. By far the most common reason for missing parents in Africa is the wars that have been raging on the continent for decades.

A recent example from India gives an illustration of what is going on. Official statistics presented to the United Nations said India had 560,000 AIDS orphans—with only 17,000 AIDS deaths! During a press conference, a journalist asked Dr David Miller, the UNAIDS country representative, where they got these figures of AIDS orphans from. He had no answer. The Indian Health Minister referred the matter to the person who handles data collection on HIV/AIDS figures for the government. He said there were no estimates on the number of AIDS orphans in India. When Dr Miller was asked what his source for the estimate was, he said: "I cannot disclose the source. I will have to speak to my colleagues in Geneva about it."

Another thing that has never stopped fascinating me is how supposedly professional and responsible public agencies like the World Health Organization can know that, for example, the incidence of HIV (often interpreted as equal to AIDS) in African teenage girls has increased by 26 per cent (or whatever percentage reported) from one year to the next. What is their source for this kind of figure? Is it from one school where they tested a few girls last year and tested another few this year—perhaps just after they were vaccinated or had their annual bout of flu? Or was it limited to pregnant teenagers? How many girls were tested? How was it done? When? Where? Can we see the studies, please?!

Most people don't realise that often, when a percentage is given for a country or group of people, only a small number of people has actually been investigated. The percentage found in that

small sample is then accepted as applying to the whole country or the whole group, however great the risk is that those investigated are not representative of the whole country or group. A knowledgeable statistician who wants to cheat can usually do the sampling in such a way as to favour a certain outcome, without manipulating the numbers as such.

To round off this exposure of the statistical illusionists, I shall give a dramatic example of what can hide behind statistically expressed reliability of the test for HIV.

A test for HIV is reported to be 98% accurate. Let's, for the sake of the argument, assume that this is a correct assessment. In our culture, since we are hypnotised by numbers and quantities, percentages and majorities, this will sound very reassuring to most people. But what can that statistical truth mean for individual people in real life? Let's have a look.

In a sample of the average American population, the estimate for HIV prevalence is in the order of 0.04%, or four per 10,000 people. Assuming we test 100,000 Americans, we would then

expect to find 40 true HIV-positive persons. This means that the remaining 99,960 persons are HIV-negative. However, since the test is only 98% accurate, it may falsely identify two per cent of these 99,960 people as HIV-positive. That is, 1,999 persons!

So, in this example, out of 2,039 people who test positive, only 40 are actually positive. That means 98% of those identified by the test as "HIV-positive" are not positive at all. In other words, the test, which is said to be 98% accurate and thus approved for commercial use, is in fact 98%

inaccurate, looked at from the point of view of those who tested positive.

Imagine the fate of those 1,999 healthy people, told they will soon get AIDS and then bullied, intimidated or seduced by the medical establishment into taking AZT and similar life-threatening drugs to "delay the onset of AIDS". Quite apart from the enormous cost of this treatment (and profit to the pharmaceutical business), how many of them do you think will survive the ordeal? Not many, I can assure you.

Such is the diabolic scenario the US authorities have set in motion. The whole population is scared into taking the test, and all who test positive are hard-sold AZT or an equally toxic drug treatment, leading to certain death. (If you still believe the media propaganda that AZT is a "life-saving drug", go dig up some easily verifiable facts on the Rethinking AIDS website, and do a search on "Anthony Brink" for the background on a pending court case.)

We just assumed that the test really is 98% accurate. It seems nobody has thought of asking how this figure can be established, since there are no reliable controls. As with the rest of the ruling AIDS dogma and most of "HIV science", it is simply an article of faith.

Actually, on the basis of what we have uncovered in this article, we know that the margin of error can be far, far greater. But we also know that testing positive in a non-specific antibody test for hypothetical HIV is meaningless, since by itself it has no predictive value for the development of AIDS.

So is all of it just smoke and mirrors to lure trusting people "at risk" into a morass of profitable tests and treatments which, it is openly confessed, lead nowhere but to obliteration and death?

**Official statistics presented to
the United Nations said India
had 560,000 AIDS orphans...
...with only 17,000 AIDS
deaths!**

A Hidden Agenda

An even more sinister interpretation is that the panic and terror intentionally generated by the high-hype publicity campaign is designed to pave the way for a global state of emergency, justifying far-reaching restrictions in civil rights and freedoms and even military interventions.

Sinister, indeed, was the note sounded by the Clinton Presidency in 2000 when AIDS was being declared a matter of national security. Not AIDS in the US, mind you, but AIDS in the world, and especially in Africa. Can we trace a hidden political agenda behind this, perhaps even a power plot for global control? If so, where do we find the mastermind behind it? At the White House, regardless of which party or which President is in power? At the CIA? At the Pentagon? In the multinational pharmaceutical and petrochemical industry? Perhaps all four together in a secret alliance? And in such case, would the aim just be to generate astronomical profits and financial power for the stage directors of this tragedy, or to take effective control of the entire world?

It may not have been the coldly planned beginning of a consistent political scenario, but perhaps we should, after all, recall how it all started. It was the Reagan administration in an election year that declared—without any peer review, public scientific debate or consensus, and without any scientific proof—a new retrovirus "the probable cause of AIDS" and promised a vaccine for it within a two-year period. That was in 1984—the year that provided the title of Orwell's famous visionary book about a future Big Brother government, published 50 years earlier.

From that declaration in April 1984, the US federal government took full dictatorial control of the AIDS "epidemic", with its health authorities deciding what research to fund, what treatment (i.e., drugs) to approve, what to publish in professional journals, and what to tell the public via the media. The rest of the institutional world, with just a few exceptions, has ever since been sheepishly dancing, as in a trance, a dance of death to Uncle Sam's AIDS pipe.

Since the AIDS threat alone has apparently not produced the desired long-term effect in the United States, it has had to be supplemented by the terrorist threat and the anthrax scare. And now the desired effect is being achieved. Promptly, the fear-struck population has been compliantly deprived of elementary civil rights, and unchecked dictatorial powers are being conferred on governors and various political agencies, all in the name of security and in order to "protect the people". As it happens, these measures had been prepared well before the World Trade Center and the Pentagon were attacked on September 11, 2001...as had the military intervention in Afghanistan.

Against this background, you may find it easier to believe that the presence of the new retrovirus, misnamed "HIV", in people who "test positive" has only been inferred from certain non-specific "markers". Some superbly credentialled researchers say that these constitute no proof of HIV infection, and claim that the vilified HIV may not even exist at all! To date, HIV has never been isolated from a patient. Believe it or not, these are the facts, and anyone who wants to take the trouble can verify them.

Seeing how the world has been hard-sold the false "HIV causes AIDS" dogma, and especially the fatal drug regime that goes with it, I cannot help thinking of Nazi Germany's crushingly efficient propaganda machine with its use of mass psychosis, brilliantly masterminded by a certain Mr Goebbels. History does repeat itself, only in new circumstances and with new labels.

Have you noticed, by the way, that the people officially declared "at risk" were first white, "socially undesirable" people, namely male homosexuals, intravenous drug addicts, prostitutes and haemophiliacs, then poor black people in the United States, and now primarily "sub-Saharan" black Africans?

And have you noticed that the first—and, for a long time, the only—drug authorised in the USA for AIDS patients was the 20-year-old cancer drug AZT, considered far too toxic and life-threatening for human consumption and therefore, up till then, never approved by the FDA? But for the AIDS risk groups, it was approved in a fast-track procedure that has since been proven to be an outright fraud.

To a fast-growing number of keen professional observers, it is increasingly obvious that AIDS is not caused by any virus, that it is not sexually transmitted, and that it is not even contagious at all. Instead, AIDS is a multifactored syndrome, with its most important cause being poisonous chemicals and drugs—among them insecticides, pesticides, benzene-linked anal lubricants used by some homosexuals, recreational drugs, multiple parasitic, viral and bacterial infections, malnutrition and, not least, prescription drugs of many kinds and, most particularly so, the extremely toxic chemotherapy routinely prescribed for AIDS and "HIV infection".

There is no lack of effective non-toxic treatments for AIDS, and it is perfectly possible to cure it. We just have to acknowledge the true causes and stop poisoning people to death.

How do we address this situation? By raising our awareness level and questioning all information we get from media and government agencies, and most particularly so if it originates from quarters with vested profit or power interests. By not letting ourselves be used, bullied or sacrificed on the altars of corrupt science, political power games and ruthless drug business profiteering. And above all, by using our common sense and thinking for ourselves!

References

- Al-Bayati, Dr Mohammed Ali, *Get All the Facts: HIV Does Not Cause AIDS*, Toxi-Health International, Dixon, California, 1999.
- Clark, Hulda Regehr, PhD, ND, *The Cure For HIV and AIDS and The Cure for All Cancers*, ProMotion Publishing, San Diego, California, 1993.
- Douglass, William Campbell, MD, *Into the Light*, Second Opinion Publishing Inc., Dunwoody, Georgia.
- Duesberg, Prof. Peter H., "AIDS Acquired by Drug Consumption and other Non-Contagious Risk Factors", University of California, Berkeley.
- Ellison, Bryan J. and Peter H. Duesberg, *Why We Will Never Win the War on AIDS*, Inside Story Communications, El Cerrito, California.

- Selvey, Jeremy F., *The Secrets Behind HIV & AIDS*, People's International Health Project, Los Angeles, California.
- Willner, Dr Robert E., MD, PhD, *Deadly Deception: The Proof that Sex and HIV Absolutely Do Not Cause AIDS*, Peltec Publishing Co., Boca Raton, Florida.
- A more extensive bibliography, along with more than 750 pages of scientific arguments, research results and penetrating discussions of the AIDS syndrome by leading international scientists can be found on the Rethinking AIDS website at <http://www.virusmyth.com>.

About the Author:

Professor Jens Jerndal, MD (MA), DSc hc, MSc, BA, FWAIM, is Swedish-born, educated in Sweden and England and based in

Spain. He has had distinguished careers as a diplomat, linguist, author, lecturer, business administrator and holistic medical practitioner. He has received various honours and awards, including the Albert Schweitzer Prize for Medicine in 1990. Prof. Jerndal conducts lectures, seminars and courses internationally on how to adapt to and benefit from the emerging holistic paradigm, and is an avid environmental and spiritual activist.

Professor Jerndal can be contacted by mail at Apartado 591 Arrecife, Lanzarote, ES-35500, Spain, by fax at +1 (815) 461 8462 (USA), by email at paradocs@intercom.es, and via his website at <http://www.life-expansion.com>.